

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18143

FILED JUN 10 1943  
Registration District No. 8

Primary Registration District No. 2001

Registrar's No. 295

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Charles Ragan

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Not Positive  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 56 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name W. L. Ragan

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Engbler

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Ragan (Brother)

(b) Address Neosho Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 22 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo

18. (a) Signature of funeral director Ja B. Ragan

(b) Address Neosho, Mo

19. (a) 5-22-43 (b) Arthur J. Rudolfer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Neosho Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5-8-, 1943 to 5-22, 1943;  
that I last saw him alive on 5-22, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Concussion of brain  
shock

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 8, 1943

(c) Where did injury occur? near Neosho Newton Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U.S. Highway 71 at Tipton Rd Jct

While at work..... (Specify type of place)  
(e) Means of injury.....

23. Signature Arthur J. Rudolfer (M. D. or other) mo

Address Joplin Mo Date signed 5/24

48-5-479

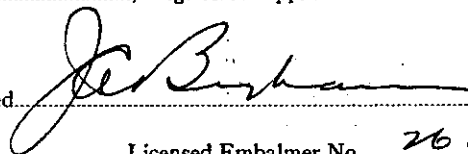
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2689

P. O. Address. Leeds Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 295

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Gasolin  
(c) Name of hospital or institution: St. John's Hosp.  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 2 hrs.  
(Specify whether

In this community —  
years, months or days)

3. (a) PRINT FULL NAME Charles Ragan

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day abt 56 min.

9. Birthplace (City, town, or county) (State or foreign country) mo.

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Newton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. —  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may Day 22 Year 1943 Hour — Minute — M.

21. I hereby certify that I attended the deceased from — 19 — to — 19 — ;

that I last saw him alive on — 19 — ; and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain Duration —

Due to Shock

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental accident

(b) Date of occurrence May 18-43

(c) Where did injury occur near Lake Fort Newton mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway

While at work? — (Specify type of place) (e) Means of injury Car when

23. Signature [Signature] (M. D. or other) MD

Address — Date signed —

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-18143